

1 CABINET FOR HEALTH SERVICES

2 Department for Public Health [~~Commission for Children with Special Health Care~~  
3 ~~Needs~~]

4 Division of Adult and Child Health Improvements [~~Health and Development Division~~]  
5 (Emergency Amendment)

6 911 KAR 2:110E. Kentucky Early Intervention Program point of entry.

7 RELATES TO: 20 USC 1471-1485

8 STATUTORY AUTHORITY: Executive Order 2004-444, KRS 194A.050,  
9 200.650-676

10 NECESSITY, FUNCTION, AND CONFORMITY: Executive Order 2004-444,  
11 effective May 11, 2004, reorganized the Cabinet for Health and Family Services and  
12 placed the Department for Public Health under the Cabinet for Health and Family  
13 Services. The Cabinet [~~for Health Services~~] is directed by KRS 200.650 to 200.676 to  
14 administer all funds appropriated to implement provisions, to enter into contracts with  
15 service providers, and to promulgate administrative regulations. This administrative  
16 regulation sets forth the point of entry provisions pertaining to First Steps, Kentucky's  
17 Early Intervention Program.

18 Section 1. Point of Entry. (1) The point of entry (POE) staff shall coordinate child-  
19 find efforts with local education agencies in order to insure compliance with child find  
20 mandates with each party.

1           (2) The POE staff shall coordinate child find efforts with other state and federal  
2 programs serving this population, including maternal and child health programs, early  
3 and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental  
4 Security Income Program, and programs authorized through the developmental  
5 disabilities assistance and Bill of Rights Act.

6           (3) The POE staff shall develop a child-find activity plan to be conducted in each  
7 district that includes:

8           (a) Completing a minimum of two (2) face-to-face contacts per month to potential  
9 referral sources in the district to explain First Steps services.

10          (b) Utilizing the materials developed by the Interagency Coordinating Council  
11 Public Awareness Committee by making them available to the community upon request  
12 in cooperation with the district technical assistance team and the district early  
13 intervention committee (DEIC).

14          (4) The POE staff shall maintain accessibility and provide public awareness  
15 activities in each district by:

16          (a) Having a district toll free telephone number;

17          (b) Having a dedicated local telephone number to be answered by person or  
18 machine twenty-four (24) hours a day, seven (7) days a week as First Steps; and

19          (c) Utilizing the Image Consistency Kit developed by the Interagency  
20 Coordinating Council Public Awareness Committee.

21          (5) The POE staff shall maintain communication with the DEIC, district technical  
22 assistance team and lead agency on matters of child find, service options and other  
23 issues relevant to the First Steps Program, by completing the following activities:

(a) Presenting a report at each DEIC meeting that includes the following information:

1. Number of referrals and referral sources since last DEIC meeting;
2. List of current service providers including deletions and additions from last meeting;
3. Report on identified gaps related to services and location; and
3. A highlight of the month's activities that include the public awareness activities.

(b) Solicit advice from the DEIC, district technical assistance teams, and lead agency on child find, service options and other issues relevant to the First Steps Program.

(6) The POE staff shall act on all referrals for First Steps services.

(a) Upon receiving a telephone or written referral, POE staff shall:

1. Determine if the family is aware that a referral is being made; and
2. Do an initial screening to determine if the referral is appropriate based on:
  - a. Establishing that the child's age is between birth and three (3) years old;
  - b. Ensuring the family's residence is within the assigned district; and
  - c. Confirming that there is a developmental concern or a suspected established risk diagnosis.

(b) If the initial screening finds the referral to be inappropriate, the POE shall give the referral source the appropriate resource to refer the child and family to the services that meet that child's needs. These resources include:

1. Public schools;

1           2. The Department for Community Based Services;

2           3. Medical services; or

3           4. Another POE.

4           (c) If it is determined that the referral is appropriate, POE staff shall contact the  
5 family by telephone or letter within five (5) working days for the purpose of:

6           1. Briefly informing them of First Steps' services;

7           2. Advising them that all services are voluntary; and

8           3. Ascertaining whether the family would like more information and an initial visit  
9 scheduled.

10          4. Administer the Department for Public Health approved screening test.

11          (d) If a family is interested, the POE staff shall schedule a visit and send the  
12 family a letter to confirm the date, time and location of the visit.

13          (e) If a family is not interested, the family shall be informed by the POE staff that  
14 they can contact the POE at any time to reinstate the referral and the POE staff shall:

15           1. Document in the child's record, the refusal of services; and

16           2. Send a letter to the referral source explaining refusal of services by the family.

17          (f) If efforts to contact the family by telephone and in writing fail, in order to bring  
18 closure to the referral the POE staff shall send a follow-up letter within ten (10) working  
19 days of the referral encouraging the family to contact the POE at anytime to:

20           1. Initiate services; or

21           2. To ask further questions.

22          (g) Within fifteen (15) working days the POE staff shall send, in writing, an

acknowledgment to the referral source that the referral was received and the status of the processing of the referral, if known at the time.

(7) At the initial visit to the family, the POE staff shall:

(a) Identify the purpose of the visit;

(b) Explain the First Steps services;

(c) Explain the family rights by giving the family the "Family Rights Handbook" and review the statement of assurances;

(d) Obtain signature of parent on statement of assurance;

(d) Obtain release of information for medical or developmental information from parent;

(e) Determine willingness to participate in First Steps services or refusal of services;

(g) Interview family and other individuals identified by the parents who are significant in the child's life, record on the "Family Input Page" or similar document, to help record the child's developmental status, social relationships and contexts for learning, including the family's history, resources, priorities, concerns, patterns, daily routines and activities; [to help them determine

priorities, resources and concerns;]

~~[(h) Complete developmental and social history form;]~~

(h) [(i)] Determine next action needed with family to determine eligibility of child;

(i) [(j)] Discuss evaluation and service options that include:

1. Family convenience and preference; [Convenience;]

2. Funding sources; and

1           3. Natural Environments. [~~Family preference.~~]

2           (i) [~~(k)~~] Establish potential date for developing Individualized Family Service Plan  
3 (IFSP);

4           (k) [~~(l)~~] Discuss options for a primary service coordinator; and

5           (l) [~~(m)~~] Collect data necessary for billing.

6           (8) All children referred to First Steps because of suspected developmental delay  
7 or established risk condition shall have the hearing checklist completed prior to the  
8 initial IFSP meeting.

9           (9) The POE staff shall use the following to assist in the determination of hearing  
10 status:

11           (a) If the referral is a birth to three (3) year old child who is "at risk" as  
12 Indicated on the Kentucky High Risk Hearing Registry and the "at risk" indicator is the  
13 only reason they were referred to First Steps, and no audiological screen has been  
14 done, the child and family shall be notified to contact their pediatrician or a clinic for an  
15 audiological screen to determine hearing status.

16           (b) If the referral is a birth to three (3) year old child who is suspected of having a  
17 hearing problem, but not suspected of having any developmental problems, the family  
18 shall be notified to contact their pediatrician or a clinic for an audiological screen to  
19 determine hearing status.

20           (c) If the referral is a birth to three (3) year old child with a diagnosis of significant  
21 hearing loss, as specified by KRS 200.654[45](10), the child is considered to have an  
22 "established risk" diagnosis and the child shall be eligible for First Steps services and  
23 the referral process continues.

1 (d) If a birth to three (3) year old child who is suspected of having a hearing loss,  
2 with no verification of degree of loss or diagnosis, and suspected of having delays in  
3 developmental areas, POE staff shall initiate the evaluation for First Steps, which should  
4 include an audiological evaluation.

5 (e) If a birth to three (3) year old child is referred because of suspected  
6 developmental delay or established risk condition, but no apparent hearing problems,  
7 the POE shall complete the hearing checklist prior to IFSP meeting.

8 (10) POE staff shall coordinate the evaluation process for eligibility determination  
9 within the federally mandated time line of forty-five (45) days from receipt of referral.

10 (a) The POE staff shall gather existing documentation that will be used to  
11 determine eligibility; and

12 (b) Shall ensure that all releases are completed and on file.

13 (11) The POE staff shall make appropriate referrals to secure needed  
14 evaluations of the child's medical and developmental status. Medicaid eligible children  
15 shall have the approval of their Medicaid primary care physician to assure  
16 reimbursement of services.

17 (12) The POE staff shall ensure that referrals for needed assessments are made,  
18 the assessments are completed and that those reports shall be made available prior to  
19 the initial IFSP. ~~[shall be completed and that those reports shall be made available for~~  
20 ~~initial the IFSP.]~~

21 (a) The POE staff shall make the appropriate referrals for needed  
22 assessments prior to initial IFSP.

23 (b) The POE staff shall request copies of completed assessment reports to be

1 included in the child's record and used in the development of initial IFSP.

2 (c) The POE staff shall send all future assessment reports to the primary service  
3 coordinator.

4 (13) The POE staff shall coordinate and ensure completion of the initial  
5 individualized family service plan (IFSP) meeting within federally mandated time line of  
6 forty-five (45) calendar days from receipt of referral.

7 (a) The POE staff shall assist the family in identifying the IFSP team  
8 members and discuss a potential primary service coordinator.

9 (b) Once a potential primary service coordinator has been suggested, the POE  
10 staff shall contact that person and confirm his willingness to function as the primary  
11 service coordinator.

12 (c) After releases of information signed by the parent have been obtained, the  
13 POE staff shall send copies of the following information to the requested primary service  
14 coordinator:

- 15 1. Initial referral information;
- 16 2. Developmental and social history;
- 17 3. Any available evaluation reports; and
- 18 4. Any available assessment reports.

19 (d) The POE staff shall send notices to all identified IFSP team members of the  
20 upcoming IFSP meeting date, time, and location.

21 (e) If a telephone is available, the POE staff shall call the family at least three (3)  
22 working days prior to the IFSP meeting to:

- 23 1. Confirm the time and place of the meeting;



1           2. Determine whether transportation is needed;

2           3. To reiterate the purpose of meeting; and

3           4. To answer questions.

4           (f) If the developmental and medical evaluators, family, and POE agree that the  
5 child is not eligible prior to the IFSP meeting, a meeting shall not be held unless any  
6 one (1) member disagrees or still has concerns, a meeting shall be held.

7           (g) The POE staff shall facilitate the initial IFSP meeting by:

8           1. Leading introductions;

9           2. Reviewing the purpose of the meeting;

10          3. Explaining the family rights and responsibilities for participation, ~~[and]~~ the  
11 array of services currently available,~~;~~ and the service delivery approaches which  
12 include family centeredness, natural environments and transdisciplinary services; and

13          4. Discussing and leading the IFSP team to verify eligibility based on collected  
14 documentation.

15          a. If the child is not eligible, the POE staff shall discuss other options and make  
16 the family aware they can recontact the POE anytime.

17          b. If the child is eligible but the family is not interested in services, the POE staff  
18 shall document the refusal of services and make the family aware they can recontact  
19 the POE any time for reevaluation.

20          c. If the child is eligible and the family is interested in services the POE staff  
21 shall:

22           (i) Develop an IFSP ensuring that all IFSP components are included; and

23           (ii) Introduce ~~[Determine]~~ the primary service coordinator.

1 (h) The POE staff shall ensure that the written IFSP is developed and recorded at  
2 the meeting.

3 (i) The POE staff shall send the completed IFSP to the family within five (5)  
4 working days of the IFSP meeting;

5 (j) The POE staff shall within five (5) working days of the IFSP meeting, make  
6 available, through appropriate releases, to the primary service coordinator the following:

7 1. The completed IFSP;

8 2. Any evaluation reports not previously sent; and

9 3. Any assessment reports not previously sent.

10 (k) The identified primary service coordinator shall send copies of the IFSP to  
11 other IFSP team members and to the parties requested by the family within ten (10)  
12 working days of the IFSP meeting.

13 (l) The POE staff shall send the necessary documentation of service decisions  
14 to the billing agent within five (5) working days after the IFSP meeting.

15 (m) The identified primary service coordinator shall be responsible for referrals to  
16 services identified on the IFSP.

17 (14) The POE staff shall:

18 (a) Provide consultation and support to the primary service coordinator as  
19 requested;

20 (b) Keep on file copies of all IFSP and reviews sent from the primary service  
21 coordinator;

22 (c) Assist primary service coordinators in transition of children from First Steps  
23 services to future services; and

(d) Track and notify the primary service coordinator that a transition conference shall be completed within federal time frame of no less than ninety (90) days prior to child's third (3) birthday by:

1. Sending notification, no later than the child's 30th month of age, to the primary service coordinator that the transition conference is due and the date by which it shall be held.

2. Receiving from the primary service coordinator the revised IFSP, which incorporates the transition plan, no later than one (1) week, five (5) working days, after the meeting has been held. This plan should include at least:

- a. Basic demographic information;
- b. A listing of family priorities;
- c. Family resources and concerns; and
- d. Documentation of the transition meeting and outcomes.

(15) The POE staff shall function as the primary service coordinator to ensure that the transition conference and plan are completed in the event that the primary service coordinator resigns and no other primary service coordinator can be assigned in time, or referral is received within forty-five (45) days of child's third birthday.

(a) The POE staff shall be responsible for knowing the following transition procedure that include:

1. Ensuring all potential agencies and programs that could provide services to a particular child after the age of three (3), are included.

2. Processing the referrals of all children who are less than the age of two (2) years ten and one-half (10 1/2) months for evaluation and First Steps services.

1 (b) For all children who are two (2) years and ten and one-half (10 1/2) months  
2 old to age three (3), the POE shall facilitate the transition conference which would  
3 include representatives of available next referrals.

4 (c) The POE staff shall be responsible for conducting the transition conference  
5 and development of the plan when assuming the role of primary service coordinator.

6 (16) In the event the family refuses service coordination, the POE shall  
7 coordinate and facilitate all IFSP meetings.

8 (17) The POE staff shall maintain a complete record on all children referred  
9 through the POE by:

10 (a) Keeping on file all records generated by the POE or sent to the POE  
11 from all other service providers;

12 (b) Ensuring that all POE contacts shall be documented in the child's record;

13 (c ) Notifying the billing agent of all changes in the status of the child or family  
14 within seven (7) working days of notification of changes to the POE or at least every six  
15 (6) months in conjunction with IFSP six (6) month reviews; and

16 (d) Providing data to the lead agency as requested.

17 (18) The POE shall provide a written data report to the DEIC. The POE shall  
18 complete the district data report monthly. The information to be included in the report is:

19 (a) Number of referrals per quarter;

20 (b) Sources of referrals;

21 (c) Number of eligible children;

22 (d) Eligibility categories and number of children in each category;

23 (e) Number of children not eligible;

1 (f) Number of children or families refusing services;

2 (g) Number of IFSP's completed; and

3 (h) Number of children who received primary, intensive and tertiary evaluations.

4 (i) Age of child at time of referral.

5 (19) The POE shall collect and maintain the District Service Provider Directory.

6 (a) The POE shall collect data on all available First Steps service  
7 providers, maintain that data, and have the current services in a printable form, upon  
8 request from the community.

9 (b) Send a compiled list of changes to their district technical assistance team  
10 quarterly.

11 Section 2. Material Incorporated by Reference. (1) Incorporated by reference  
12 Hearing Check List may be reviewed during regular working hours (8 a.m. to 4:30 p.m.)  
13 in the Department for Public Health, 275 East Main Street, Frankfort, KY 40621. ~~[Office~~  
14 ~~of the Executive Director, Commission for Children with Special Health Care Needs,~~  
15 ~~982 Eastern Parkway, Louisville, Kentucky 40217.]~~ Copies may also be obtained from  
16 that office.

17 (2) Incorporated by reference District Early Intervention Committee Report may  
18 be reviewed during regular working hours (8 a.m. to 4:30 p.m.) in the Department for  
19 Public Health, 275 East Main Street, Frankfort, KY 40621 ~~[Office of the Executive~~  
20 ~~Director, Commission for Children with Special Health Care Needs, 982 Eastern~~  
21 ~~Parkway, Louisville, Kentucky 40217.]~~ Copies may also be obtained from that office.

22 (3) Incorporated by reference Family Rights Handbook may be reviewed during  
23 regular working hours (8 a.m. to 4:30 p.m.) in the Department for Public Health, 275

1     East Main Street, Frankfort, KY 40621. [~~Office of the Executive Director,~~  
2     ~~Commission for Children with Special Health Care Needs, 982 Eastern Parkway,~~  
3     ~~Louisville, Kentucky 40217.~~] Copies may also be obtained from that office.

911 KAR 2:110E. Kentucky Early Intervention Program Point of Entry

Reviewed:

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Nickolas Z. Kafoglis, M.D., Chairman      Date  
Public Health Services Advisory Council

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Rice C. Leach, M.D.      Date  
Commissioner  
Department for Public Health

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Dr. Duane Kilty      Date  
Undersecretary for Administration and  
Fiscal Affairs

APPROVED:

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James W. Holsinger, Jr., M.D.      Date  
Secretary for Health and Family Services

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 911 KAR 2:110E  
Cabinet for Health and Family Services  
Agency: Department for Public Health  
Contact person: Dr. Steve Davis, 502/564-2154

(1) Provide a brief summary of:

- (a) What this administrative regulation does: This regulation allows the Cabinet of Health and Family Services, Department of Public Health, Division of Adult and Child Health Improvements to transition the administration of the First Steps Program from the Commission for Children with Special Health Care Needs and to establish and set forth guidelines for the operation of a Point of Entry for the Kentucky Early Intervention Program (First Steps).
- (b) The necessity of this administrative regulation: KRS 200.650-676 requires the Cabinet for Health and Family Services to enter into contracts with service providers to establish a Point of Entry for the Kentucky Early Intervention Program. This regulation sets forth requirements for the duties of the Point of Entry staff.
- (c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 200.650-676 requires the Cabinet for Health and Family Services to implement provisions and enter into contracts with service providers including Point of Entry staff.
- (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This amendment provides changes in the regulation to meet state and federal statutes and to comply with recent administrative changes from the Commission for Children with Special Health Care Needs to the Department for Public Health. In addition, this regulation will initiate cost savings and cost containment in the Kentucky Early Intervention Program.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

- (a) How the amendment will change this existing administrative regulation: Sets forth a minimum average of referrals to be processed by Point of Entry staff and streamlines the intake, referral and evaluation processes.
- (b) The necessity of the amendment to this administrative regulation: this amendment addresses recent administrative changes and allows for measures needed to address cost containment issues.
- (c) How the amendment conforms to the content of the authorizing statutes: This amendment carries out the intent and provisions of the authorizing statutes.
- (c) How the amendment will assist in the effective administration of the statutes: Without the amendment, streamlining of service provision and cost containment issues cannot be addressed.



- (3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Over 600 contracted providers which includes 2000 individuals that serves over 10,000 children with established risk diagnoses or developmental delays, and their families; and local communities or agencies that plan for, use, or develop community services for children with disabilities.
- (4) Provide an assessment of how the above group or groups will be impacted by either the implementation of this administrative regulation, if new, or by the change if it is an amendment: Service providers will be required to adhere to the changes in this regulation when participating in the First Steps program; children and their families will not be subjected to unnecessary testing; community agencies will be involved in securing and providing more appropriate services for children and their families.
- (5) Provide an estimate of how much it will cost to implement this administrative regulation:
- (a) Initially: None, but will initiate a cost savings.
  - (b) On a continuing basis: None, but will secure cost containment.
- (6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: State General Funds
- (7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: None
- (8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: None
- (9) TIERING: Is tiering applied? No (Explain why tiering was or was not used)  
Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it.